

STRIDESM (HMO) MEDICARE ADVANTAGE**Subject: Transgender Health Services**

Background: Transgender health services, which can involve various reconstruction surgeries, are part of the treatment approach for individuals with gender dysphoria (GD)/gender incongruence who have persistent feelings of gender discomfort and inappropriateness of their anatomical sex. Surgical procedures may include reconstruction to physical appearance and function of an individual's existing sexual characteristics.

Gender dysphoria/gender incongruence involves a difference between one's gender identity and sex designated at birth (usually based on external sexual anatomy). Gender dysphoria/gender incongruence is not the same as gender nonconformity, which refers to behaviors not matching the gender norms or stereotypes of the gender assigned at birth.

Authorization:

Prior authorization from Harvard Pilgrim StrideSM (HMO) is required for all Transgender Health Services.

Policy and Coverage Criteria:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage considers transgender surgical services as medically necessary when documentation and letters from the attending clinician(s) and mental health professional (MHP) responsible for managing the member's hormone therapies (if appropriate) and/or other related transgender care confirm ALL the following:

1. Member age 18 years or older has been diagnosed (by an appropriately trained MHP) with gender dysphoria/gender incongruence; AND
2. Member wishes to make his/her body as congruent as possible with the gender identity through surgery and/or hormone replacement (if appropriate); AND
3. Transgender surgery has been recommended by treating clinicians

Transfeminine surgeries covered include:

- Augmentation mammoplasty
- Clitoroplasty
- Colovaginoplasty
- Facial feminization procedures (Coverage limited to forehead contouring, mandible/jaw contouring, rhinoplasty and tracheoplasty)
- Labiaplasty
- Orchiectomy
- Penectomy
- Rhinoplasty
- Vaginoplasty

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Transmasculine surgeries covered include:

- Colpectomy
- Hysterectomy
- Mastectomy (bilateral)
- Metoidoplasty
- Phalloplasty
- Rhinoplasty
- Salpingo-oophrectomy
- Scrotoplasty with placement of testicular prostheses
- Urethroplasty

Note: Covered procedures must be performed by qualified providers trained in treating individuals with gender dysphoria/gender incongruence.

HPHC also covers retrieval, cryopreservation, and storage (up to one year) of sperm or eggs when documentation confirms an eligible member with gender dysphoria/gender incongruence will be undergoing gender reassignment treatment that is likely to result in infertility.

Exclusions:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage considers all other services for the treatment of gender dysphoria/gender incongruence as not medically necessary for all other indications, including but not limited to:

- Abdominoplasty
- Blepharoplasty
- Chin augmentation (e.g. genioplasty, mentoplasty)
- Collagen injections
- Dermabrasion
- Chemical peels
- Electrolysis, hair removal, or hair transplantation
- Face-lifting of any kind (i.e. rhytidectomy)
- Facial implants or injections (e.g. botox, Sculptra, Radiesse)
- Gender reversal surgery
- Hair removal (except for genital hair when required pre-operatively for vaginoplasty)
- Hair transplantation
- Implantations (e.g. calf, pectoral, gluteal)
- Lip reduction/enhancement
- Liposuction
- Otoplasty
- Panniculectomy
- Removal of redundant skin
- Silicone injections (e.g., for breast enlargement)
- Voice modification surgery
- Reimbursement for travel expenses

Coding:

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Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

Male-to-Female Transition	CPT® Code	Description
Gender Reassignment Surgery	55970	Intersex surgery; male to female
Facial Feminization Surgery	21209	Osteoplasty, facial bones; reduction
	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
	21121	Genioplasty; sliding osteotomy, single piece
	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
	21125	Augmentation, mandibular body or angle; prosthetic material
	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
	21137	Reduction forehead; contouring only
	21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
	21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
	30420	Rhinoplasty, primary; including major septal repair
	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
Trachea shaving	31587	Laryngoplasty, cricoid split, without graft placement
	31750	Tracheoplasty; cervical
Penectomy and related procedures	54120	Amputation of penis; partial
	54125	Amputation of penis; complete

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Male-to-Female Transition	CPT® Code	Description
	53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
	53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
	53430	Urethroplasty, reconstruction of female urethra
Orchiectomy	54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
	54690	Laparoscopy, surgical; orchiectomy
Vaginoplasty	55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
	56800	Plastic repair of introitus
	57291	Construction of artificial vagina; without graft
	57292	Construction of artificial vagina; with graft
	57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
	57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
	57335	Vaginoplasty for intersex state
	57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
Labiaplasty	14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
	56800	Plastic repair of introitus
	55899	Unlisted procedure, male genital system
Clitoroplasty	56805	Clitoroplasty for intersex state
Breast Augmentation	19324	Mammoplasty, augmentation; without prosthetic implant
	19325	Mammoplasty, augmentation; with prosthetic implant
	19350	Nipple/areola reconstruction
	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
	19380	Revision of reconstructed breast

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Female-to-Male Transition	CPT® Code	Description
Gender Reassignment Surgery	55980	Intersex surgery; female to male
Mastectomy	19303	Mastectomy, simple, complete
	19304	Mastectomy, subcutaneous
	19350	Nipple/areola reconstruction
Hysterectomy and related procedures	56625	Vulvectomy simple; complete
	56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
	57106	Vaginectomy, partial removal of vaginal wall;
	57110	Vaginectomy, complete removal of vaginal wall;
	58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
	58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
	58260	Vaginal hysterectomy, for uterus 250 g or less;
	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
	58275	Vaginal hysterectomy, with total or partial vaginectomy;
	58290	Vaginal hysterectomy, for uterus greater than 250 g;
	58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
	58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
	58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
	58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	

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Female-to-Male Transition	CPT® Code	Description
	58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
	58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
	58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
	58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
	58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
	58940	Oophorectomy, partial or total, unilateral or bilateral;
Metoidioplasty	58999	Unlisted procedure, female genital system (nonobstetrical)
Phalloplasty and related procedures	53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
	53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
	53430	Urethroplasty, reconstruction of female urethra
	54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
	54401	Insertion of penile prosthesis; inflatable (self-contained)
	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
	54660	Insertion of testicular prosthesis (separate procedure)
	55175	Scrotoplasty; simple
	55180	Scrotoplasty; complicated
	55899	Unlisted procedure, male genital system
Rhinoplasty	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip

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Female-to-Male Transition	CPT® Code	Description
	30420	Rhinoplasty, primary; including major septal repair
	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)

Additional Procedures	CPT® Code	Description
Tissues expansion	11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
	11970	Replacement of tissue expander with permanent prosthesis
	11971	Removal of tissue expander(s) without insertion of prosthesis
	14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
	14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm

Note: Procedures billed with an unlisted code pend for medical review; additional documentation must accompany submitted claim.

Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

1. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. American Psychiatric Association; 2013.
2. Interim Gender Dysphoria Protocol and Service Guideline 2013/14. 2014. Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>. Accessed June 5, 2017.
3. Management of gender nonconformity in children and adolescents. UpToDate.com/login [via subscription only]. Accessed June 5, 2017.
4. Sex Reassignment Surgery for the Treatment of Gender Dysphoria. Hayesinc.com/subscribers [via subscription only]. Accessed June 5, 2017.
5. Standards of Care. Wpathorg. 2017. Available at: http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351. Accessed June 5, 2017.

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6. Transgender men: Evaluation and management. UpToDate.com/login [via subscription only]. Accessed June 5, 2017.

Summary of Changes:

Date	Changes
9/17	Background and references updated; Coding, exclusions, and coverage criteria updated
8/24/16	Annual review/update. Minor language changes
10/28/15	New policy

Approved by UMPCP: 9/27/17
Reviewed/Revised: 10/15; 8/16; 9/17
Initiated: 10/28/15 (effective 1/1/16)

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